



**Department of Finance & Administration**  
**Office of Accounting**

*REQUEST FOR REFUND TO EXPENDITURE*

**Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Business Area:** \_\_\_\_\_

Cost Center	Fund	WBS Element/Internal Order	GL Account	Original AASIS Document No.	Accounting Document No from Receipt/Expense Error Correction	Amount	Reason

**Agency Contact Information:**

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Certification:**

- I certify that the refund to expenditure that I have requested is covered by § 19-6-701 (b) (1)-(8) or that my agency has current special language that allows the refund to expenditure that I am requesting pursuant to Act #\_\_\_\_\_ of \_\_\_\_\_
- I certify that no expense error correction(s) or refunds to expenditures have been previously submitted on the above invoice and in the case where there has been previous action taken, I have notated the document number(s) where the previous action was/were processed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** A photocopy of the check/warrant processed as a receipt of funds to support the “refund to expenditure” must be submitted with this form to DFA – Office of Accounting.

**Office of Accounting Use Only**

**AASIS Document Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Remit form to:

Office of Accounting, P.O. Box 3278, 1509 W. 7<sup>th</sup>, Room 403, Little Rock, AR 72203

Email: [Linda.griffin@dfa.state.ar.us](mailto:Linda.griffin@dfa.state.ar.us) or [Melanie.hazeslip@dfa.state.ar.us](mailto:Melanie.hazeslip@dfa.state.ar.us)

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